

# THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, SEPTEMBER 12, 1885.

## Original.

### FAVORITE PRESCRIPTIONS.

BY E. J. KEMPF, M.D.

*President of the DuBois County (Ind.) Medical Society.*

If pulling teeth is a part of your professional duties, try the following local anesthetic:

R Po. G. camphor, . . . . . ʒj;  
Sulphuric ether, . . . . . f. ʒvj;  
Tr. cannabis indica, . . . . . f. ʒij. M.

Fasten some absorbent cotton to the point of a soft stick, moisten with the anesthetic, and rub the gums around the tooth to be pulled.

If you ever get a case of rectal worms, which nothing else will relieve, try this:

R Po. Cape aloes, . . . . . ʒj;  
Barley water, . . . . . Oj. M.

Inject half at night and the other half in the morning, after the bowels have been cleansed with a cathartic.

In a case of cholera morbus, try this:

R Bismuth subnit., . . . . . ʒj;  
Pepsin, . . . . . ʒj;  
Oxide zinc, . . . . . gr. viij;  
Morphine, . . . . . gr. ij;  
Cinnamon water, . . . . . f. ʒij. M.

Give a teaspoonful every hour until the urgent symptoms are relieved, then slacken the dose.

As an infant's opiate, try:

R Dover's powder, . . . gr. j;  
Sugar of milk, . . . gr. cxx. M. ft. pulv. ʒ.

Give one in milk or cream.

To poultice orchitis or mastitis, take one pound or more of crushed crackers, soften them with hot water, or, better, steam them till soft, sprinkle with a half dram to one dram of powdered opium.

To stop the flow of milk, try:

R Atropine, . . . . . gr. iv;  
Water, . . . . . f. ʒiv;  
Glycerine, . . . . . f. ʒij. M.

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Soak pledgets of lint in the lotion and apply them to the breasts. Constitutional symptoms from the atropine must be watched.

A good sinapism that can be put into your saddlebags, make thus:

R Oil mustard, essential, . . . . . f. ʒj;  
Glycerine, . . . . . f. ʒj. M.

Shake well before using. Apply by rubbing on the parts with a piece of lint. It is severe, but the pain is transient, and you will not blister the parts.

The following will replace, with interest, the old-fashioned laudanum and sweet oil in earache:

R Morphine, . . . . . gr. ss;  
Atropine, . . . . . gr. ss;  
Water, . . . . . f. ʒss;  
Glycerine, . . . . . f. ʒss. M.

Warm it, and drop a few drops into the suffering ear.

Why not dissolve morphine in camphor-water when you wish to prescribe it in fevers, or in after-pains of the parturient?

The following was the late Prof. R. O. Cowling's favorite cough remedy:

R Bromide potassium, . . . . . ʒiv;  
Cyanide potassium, . . . . . gr. iv;  
Syrup wild cherry, . . . . . f. ʒiv. M.

Give a teaspoonful at a dose.

This is a specific for urticaria:

R Magnesium sulphate, . . . . . ʒj;  
Iron sulphate . . . . . ʒj;  
Acid, sulphuric, dil., . . . . . f. ʒij;  
Tr. gentian, . . . . . f. ʒj;  
Water, . . . . . f. ʒviij. M.

Give a teaspoonful in water every four or five hours.

When you practice massage, the following:

R Acetate zinc, . . . . . gr. viij;  
Vinegar, . . . . . Oj. M.

will not only add greatly to the efficacy of the massage, but also will impress the pa-

tient with the idea that something else is being done besides rubbing.

For the erythema and itching between the thighs and on the buttocks of fat people, either calomel or bismuth subnitrate rubbed on dry will make you proud of yourself.

The following:

R Castor-oil, . . . . . f.  $\frac{3}{4}$ ;  
Glycerine, . . . . . f.  $\frac{3}{4}$ ;  
Sp'ts. lavandula comp., . . . } aa f.  $\frac{3}{4}$ ss. M  
Cinnamon water, . . . . }

is the best laxative and most palatable for the parturient woman that I have yet tried. Dose, the same as castor-oil.

There is nothing like the compound tincture of benzoin for frost-bites.

As a child's tonic try:

R Quinine sulph., . . . . . gr. xj;  
Acid, tannic, . . . . . gr. xx,  
Paregoric, . . . . . f.  $\frac{3}{4}$ ss;  
Tr. cinchona, . . . . . f.  $\frac{3}{4}$ ss;  
Sp'ts lavandula comp., . . . . f.  $\frac{3}{4}$ ij;  
Simple syrup, . . . . . f.  $\frac{3}{4}$ iv.

M. Dose, a teaspoonful. It is hard to make. Get some good druggist to make it for you.

Nothing like this for head lice:

R Corrosive sublimate, . . . . . gr. ij;  
Acetic acid, dil., . . . . . f.  $\frac{5}{8}$ . M.

And this for toothache:

R Acetate lead, . . . . . gr. x;  
Distilled water, . . . . . f.  $\frac{3}{4}$ ss;  
Tr. opium, . . . . . f.  $\frac{3}{4}$ j.

M. Apply to the hollow tooth with absorbent cotton.

And this for dysuria in infants:

R Muriate ammonia, . . . . .  $\frac{3}{4}$ j;  
Po. ipecac., . . . . . gr. iv;  
Po. opium, . . . . . gr. ij.

M.; ft. pulv. 15. One twice a day.

And this instead of alcohol in fevers:

R Glycerine, . . . . . f.  $\frac{3}{4}$ j;  
Tartaric acid, . . . . . gr. xxx;  
Water, . . . . . Oj.

M. Two tablespoonfuls every hour.

Above all try this. Go to the nearest bookstore and buy a blank record book. On the title-page write, "Favorite Prescriptions," compiled by Dr. Yourself. Then write your favorite prescriptions, in which you have confidence, on the succeeding pages. When you have them all down and numbered, take a rest. Every time you read an article in a medical journal, take the gist out of the treatment part and put it down in your book. If you hear of a favorite and tried remedy or prescription of some brother practitioner, put it down,

too, and in the course of time you will have a valuable book.

I have one that contains eight hundred and seventy-one prescriptions, none of which are in my text-books. For ready reference such a book is of value.

This savors somewhat of empiricism. But say what the big men will, he who knows most about the empirical actions of medicines is going to cure the most cases.

How often have we heard, Dr. So-and-so is good on this and that disease, and why? Could we not trace it to some favorite prescription of his, a combination of remedies that experience tells him is valuable. Let us exchange our favorite prescriptions, and let us book them for future reference.

JASPER, IND.

## RELAPSING DIPHTHERIA.\*

BY ANNA F. LAWRENCE, M.D.

I present these cases in order to obtain from the more experienced members of this Society their observation of the recurrence of this disease.

CASE I. November 10th. Mrs. T., married, six months pregnant, history good. Found her with flushed face, tongue brown, throat congested and sore, temperature  $101^{\circ}$ , intense pain in head and limbs. On questioning, I found she had had a similar attack three weeks before, but had recovered without calling a physician. Quiniae sulph., gr. v, given three times a day, and a gargle of pot. chlor., glyc. and aquæ, to be used every hour. In the next twenty-four hours diphtheritic membrane appeared on the left tonsil. Gradually it spread over the tonsils, uvula, and post-pharyngeal walls. Local application of tr. ferri. chlor. used, iron also added to the gargle; patient well stimulated with whisky.

November 16th. Disease had progressed rapidly; patient delirious; complete loss of voice; copious discharge from nose; temperature  $103^{\circ}$ . Called in consultation; same treatment continued.

November 17th. Slight improvement. From this time she continued to improve.

November 26th. All membrane had disappeared.

December 5th. Dismissed.

December 15th. Was again called, and found left tonsil covered with membrane;

\*Read before Louisville Medical Society Meeting, August 27, 1885. Discussion, see page 170.

temperature 102°. This attack lasted four or five days.

December 27th. Membrane on uvula and right tonsil. Copious discharge from nose. Fearing these repeated attacks might be due to some defective sanitary surroundings, the patient was removed to a new and healthy locality. In spite of these precautions, the attacks continued to return about every ten or fifteen days up to her confinement, which occurred February 24th. She was delivered of healthy twins, and made a good recovery.

March 30th. I was summoned, and found her much prostrated, having a decided icteric hue. R. Hydrg. chlor. mit., gr. j. Div. chart No. vi. Sig. One every half hour, followed by a Seidlitz powder. Patient freely stimulated. Consultation called.

April 1st. Patient died at 10 P. M. No autopsy.

CASE II. An *interne* at the dispensary contracted the disease from a patient May 1st. She remained in the hospital until the early part of June, when, having apparently recovered, she went to her home, about sixty miles distant. During the two months following she had several distinct light attacks of the disease, with formation of membrane on the throat. She resumed her duties September 1st. There was still partial paralysis of the muscles of deglutition, and sometimes a slight formation of membrane on the tonsils.

CASE III. A baby three months old contracted the disease from a sister who died. The disease affected the nares especially. The tonsils and posterior pharyngeal walls were much swollen and congested, but no membrane formed on them. On the morning of sixth day, in its struggles in taking its medicine, some of the fluid was expelled through the nose, and with it a complete cast of one nasal cavity, followed by hemorrhage. The membrane was examined and proved to be diphtheritic. The next morning a cast of the other side was expelled. The child soon recovered and was taken to New York, its home. Two months afterward I heard it had a similar attack, which had been pronounced diphtheria by the attending physician.

Diphtheria has been fully discussed by able writers, yet little has been said in regard to a distinct recurrence of the disease. Squire, of London, doubts the possibility of such a recurrence; although he says the same person may suffer from repeated attacks of the disease during the first

two or three months of convalescence. He speaks of a case, mentioned by Gull, in which the disease returned eleven months after the first attack. Three are mentioned by Greenhow, one of which proved fatal.

The cases here mentioned may be all classed as simple relapses. Yet, especially in the last case, all evidences of the present poison had disappeared. In each of these cases danger of continued infection was apparently obviated by complete change of surroundings. May not this poison remain for weeks or months practically latent, to be developed afterward by favorable circumstances; and if so, how long should treatment and quarantine be continued after seeming convalescence?

LOUISVILLE.

## Miscellany.

PIERCED BY AN IRON ROD.—The Medical and Surgical Reporter says: Henry Sutton, a little more than two weeks ago, while engaged in agitating an oil well, attached an iron rod, known as the polish rod, to the sand-pump line, and lowered it to the bottom of the well. A sudden rush of gas threw the rod from the well and about thirty feet into the air, and in falling it struck Sutton on the right side of the neck, came out on the side below the breastbone, entered again at the hip, and emerged from the flesh at the knee. The vital organs were not penetrated, but it was thought there was very little hope of his recovery. In spite of this, Sutton has continued to improve, and will most likely get well. The rod which passed through Sutton was three quarters of an inch in diameter.

OLEATE OF MANGANESE IN MENSTRUAL TROUBLES.—In a paper read before the Chicago Medical Society, Dr. Franklin H. Martin recommended the use of oleate of manganese in amenorrhea, menorrhagia, and other menstrual conditions depending on an atonic condition of the uterus. One dram of a twenty-per-cent solution of the oleate of manganese in oleic acid is to be applied to the abdomen and its absorption promoted by friction with the hand.

A CELEBRATED Parisian belle, says the Popular Science News, who had acquired the habit of whitewashing herself, so to speak, from the soles of her feet to the

roots of her hair with chemically prepared cosmetics, one day took a medicated bath; and, on emerging from it, she was horrified to find herself black as an Ethiopian. The transformation was complete; not a vestige of the "supreme Caucasian race" was left. Her physician was sent for in alarm and haste. On his arrival he laughed immoderately, and said: "Madam, you are not ill; you are a chemical product. You are no longer a woman, but a *sulphide*. It is not now a question of medicinal treatment, but of simple chemical reaction. I shall subject you to a bath of sulphuric acid diluted with water. The acid will have the honor of combining with you; it will take up the sulphur, the metal will produce a *sulphate*, and we shall find as a *precipitate* a very pretty woman." The good natured physician went through with his reaction, and the belle was restored to her membership with the white race.—*Boston Medical and Surgical Journal*.

**DR. MORELL MACKENZIE ON SPECIALISM.** When the worst has been said against specialism, it still remains as a system of work which, if narrow and comparatively humble in its aim, is practically more successful in attaining it than broader and more philosophical methods. The final test of every institution as of every individual in these days is the record of actual achievement which it has to show. Judged by the standard of results, whether in the shape of additions to the store of scientific truths or to the armory of weapons against disease, specialism has nothing to fear. Even its enemies must admit that it is to it that the vast strides which the art of healing has taken in late years are mainly due, and there can be no doubt that medicine can only continue to advance by a process of specialization becoming more and more minute. In the eyes of *idéologues*, whose breadth of view rather impairs the keenness of their vision of things close at hand, the specialist no doubt may appear a somewhat unheroic figure beside his larger-minded brethren. Practical men, however, consider less the intrinsic nobility of the work than the efficiency with which it is done.

THE Cincinnati correspondent of the New York Medical Journal says: Apropos of the International Congress imbroglio, it may be said that the deposing of Dr. Levy C. Lane, of California, from the vice-presidency of the Congress is exciting consider-

able comment in this State. Dr. Lane is a native of Southwestern Ohio, and is today one of the conspicuous successes among the sons of the "Buckeye State." The product of the best educational methods, he is the typification of the "scholar in medicine"; and, the apostle of industry and thrift, he is, in both a scientific and pecuniary sense, an illustration of conspicuous success in his profession. That he should have been removed is deplorable; but that the committee should have permitted itself to be thus imposed upon is still more so. If the forty-six gentlemen comprising that committee are so ignorant of the true status of the great men of our profession, they are simply unfit for the duties devolving upon them.

THE Paris correspondent of the Medical Record says that the journal *L'Electricité* announces that apparatus is being prepared to enable the blind to take part in telegraphic work, which, it is remarked, will not be more difficult for them to manage than to play on a piano or an organ. It is also remarked that from the delicacy of their touch and their steady application to the occupation on which they are engaged, they would be quite competent to discharge such duties satisfactorily. It is strange that this idea has not been put in execution before now.

**THE USE OF IODINE IN DIPHTHERIA.**—Adamson (Practitioner) adds his testimony to the efficiency of the iodine treatment. He lost only two patients out of fifty-five treated with the tincture alone, although some of the cases were very grave. For adults he gives from five to seven minims every hour, and for children between six and twelve years of age from two to three minims every two hours. Special mention is made of syrup of quince for disguising the taste of the drug.—*New York Medical Journal*.

**HEBRA'S TREATMENT OF SOFT CHANCER BY SALICYLIC ACID.**—After washing the penis with lukewarm water and soap, and drying it well, the powdered acid is applied to the sore and its edges, and maintained in place by means of a pledget of cotton-wool. The application is renewed after twenty-four hours, and on the third day simple ointment is used instead of the acid. Twelve hours later the eschar disappears, and in about three days the sore is healed. *London Medical Record*.



**PYROGALLIC ACID AND COLLODION FOR PSORIASIS.**—Dr. Geo. T. Elliot (New York Medical Journal) recommends the following application for psoriasis:

R Acidi pyrogallici, . . . . . ʒiiss-ʒij;  
 Acidi salicylici, . . . . . ʒss;  
 Collodii, flex., . . . . . ʒij.  
 M. et. ft. sol.

Remove the scales by a warm bath, dry the parts carefully, and apply the solution.

**COCAINE IN OPENING BUBOES.**—The following case is reported in the Medical Age: "G. L. aged thirty-five, had a syphilitic bubo, leaving extensive sinuses, which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform, and it was decided to give cocaine a trial. A four-per-cent solution was injected into the fistulous canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—'less than a pin scratch,' to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals."

The American Dermatological Association elected officers as follows at its recent annual meeting: Dr. Edward Wigglesworth, of Boston, President; Dr. I. E. Atkinson, of Baltimore, and Dr. A. R. Robinson, of New York, Vice-Presidents; Dr. G. H. Tilden, of Boston, Secretary; and Dr. H. W. Stelwagon, of Philadelphia, Treasurer.

The other day a Sanford, Fla., physician, who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe of pepper sauce. He found his wife, half an hour afterward, with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

DR. FRANCIS ASHHURST, of Mt. Holly, N. J., died August 17th of congestion of the lungs. The deceased was a brother of Dr. Samuel Ashhurst, of the University of Pennsylvania, and a prominent practitioner.

DR. OLIVER WENDELL HOLMES celebrated his seventy-sixth birthday on Saturday, August 29th.

**BRUCINE AS A LOCAL ANESTHETIC IN OTOTOLOGY.**—At a recent meeting of the American Otological Society, Dr. Burnett, of Philadelphia, said that he had not been as successful in the use of cocaine as an anesthetic in the ear as he had been led to expect. Brucine in five-per-cent solution had, however, been of decided benefit.

**CALOMEL AND BENZOLE IN THE TREATMENT OF EPITHELIOMA.**—At the recent meeting of the American Ophthalmological Society, Dr. Mathewson, of Brooklyn, reported a case of rapidly-growing epithelioma of the eyelid cured by the local application of benzole, and dusting the surface with calomel.

**A FATAL MISTAKE.**—A few days since a physician in Hoboken, N. J., ordered some powders containing ten grains of quinine each for two young ladies. By mistake the druggist put up morphia instead of quinine. One powder was taken by each of the girls with fatal results.

**LAPAROTOMY FOR INTESTINAL OBSTRUCTION.**—Dr. Joseph B. Heald reports, in the Boston Medical and Surgical Journal, September 3d, a case of successful laparotomy for intestinal obstruction in an adult aged twenty-five years. This is the first successful case reported in this country.

DR. PARTINGTON, after reading of the wholesale withdrawals from the International Medical Congress, as at present governed, was heard to remark sententiously, that he feared the Congress was likely to be merely a sexual one.—*Boston Medical and Surgical Journal*.

**GLYCERINE IN ACUTE NASAL CATARRH.** It is said that cotton saturated with glycerine and introduced into the nares relieves the symptoms of acute nasal catarrh.

**CULTIVATING COCA.**—The coca plant, from which the new local anesthetic is obtained, is being planted on a considerable scale in Ceylon.

NOTHNAGEL is quoted as saying that when salicylate of sodium fails in acute articular rheumatism the benzoate of sodium will often succeed.

PROFESSOR BERGER, of Breslau, the well-known neurologist, is dead.

## The Louisville Medical News.

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### ERGOT AS AN ANTISPASMODIO.

Last week we published in part a letter (page 159) from the pen of E. Bonavia, M. D., Brigade Surgeon, I. M. D., of Etawah, which from a therapeutic point of view is of more than ordinary interest.\*

In passing, the writer mentions the singular fact that the dogs of European breeds in India are subject to epistaxis during the excessive heat which in that land characterizes the month of June, and that by the use of ergot this hemorrhage is easily got under control, the lives of many valuable dogs having thus been saved.

But the point of prime interest is the author's statement, that ergot is a prompt and certain remedy in idiopathic hiccough. At least so it proved in a case which he quotes to the point. The hiccough resisted all simple measures of relief, and, receiving a temporary check only from the most powerful sedatives and antispasmodics, returned with renewed violence after each therapeutic essay. The patient's strength was exhausted and death seemed imminent. At this juncture ergot was exhibited on theoretical grounds alone, its "decided ac-

tion on muscular fiber" having suggested its possible fitness here. The liquid extract was the preparation used, a fluid dram being the dose. "The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned." The ergot was resumed, and in three or four doses recon- trolled the spasm and effected a permanent cure. More recently a second similar case had come under this surgeon's eye, wherein the hiccough had been held under and cured by a few doses of ergot.

Curiously enough, the author, though led by theoretical considerations to the trial of ergot in these cases, fails to set forth his view of the *methodus medendi* of the drug in its new rôle. For if we concede hiccough to be a clonic spasm of the diaphragm induced by reflex irritation more or less remote, the statement that ergot was given in the cases above named because of its "decided action on muscular fiber," is vague, if not confusing, since this decided action is therapeutically operative only upon the unstriped muscles, the striped muscles not being brought to tonic spasm until the drug has been pushed to its full toxic effect. Now, the fibers of the diaphragm are decidedly striped, and with this fact and the therapy of the drug in view there would seem to be no way of fitting the author's remark to the solution of the problem.

But even if it could be so fitted, it would not explain the action of the drug in this affection, since then its *modus* would be the substitution of a tonic for the clonic spasm. If this could be done it would doubtless control the hiccough, but it would at the same time seriously interfere with respiration, if it did not altogether cut it off.

Nor should the cheap suggestion of *similia similibus curantur* be suffered to insinuate itself here, since clonic spasm is not tonic spasm; the hiccough being but the symptomatic expression of the first, while the second would here be an expression of the physiological action of the drug.

\*London Lancet, August 8, 1885.

The action of ergot in controlling the reflex spasm in question would seem to find explanation in the well-known power of the drug to slow the heart, contract the arterioles, and thereby to keep the brain, the cord, and the vaso-motor centers from receiving their physiological supply of blood. Under this disturbance of circulation, the functions of the nervous system are visibly modified; respiration is slowed, the temperature is lowered, and the nervous reflexes lessened or suspended in proportion to the quantity of the drug taken.

The use of ergot in obstinate singultus is theoretically not without promise, and now, upon the good word spoken for it by Dr. Bonavia, will doubtless be given extended trial. Indeed, we shall not be surprised to hear that already it has been successfully employed for the end indicated by certain of our home-practitioners. A bad case of hiccough is usually a good case for therapeutic experiment, and it is hardly to be expected that the ambitious young M. D. would give a patient over to death until he had tested upon him the therapeutic possibilities of every available item in the materia medica.

### Bibliography.

**Tabulæ Anatomicae Osteologiae.** Editæ a CAROLO H. VON KLEIN, Artium Magistro, Medicinarum Doctore. Editio emendata. Quarto, plates 33. Cincinnati, O., U. S. A: Cincinnati Lithographing Company. 1885.

This atlas contains a very complete set of osteological plates, executed in the best style of the engraver's art. Various views of each bone are given, and every point of interest is duly indicated by its name, clearly printed in the margin. The nomenclature, as may be surmised from the title, is exclusively Latin or Latinized Greek. This feature seems to be the *raison d'être* of the work, it being, in the author's opinion, important that the nomenclature of a science should be fixed in a dead language, and never suffer variation or modification under the influence of the living tongue in which it may be taught. The idea is a good one, but can be successfully carried out only in an era which insists upon the blending of classic

with scientific culture. Such is not the present era, in this land at least, and while the *Tabulæ Anatomicae* may present to the classic medical scholar a winsome face, it will be "*tetrum ante omnia vultum*" to the majority of the profession at large.

**A Treatise on Asiatic Cholera.** Edited and prepared by EDMUND CHARLES WENDT, M.D., Curator and Pathologist of the St. Francis Hospital, etc., in association with Drs. John C. Peters, of New York; Ely McClellan, U. S. A.; J. B. Hamilton, Surgeon-General U. S. Marine Hospital Service; and George M. Sternberg U. S. A. Illustrated with maps and engravings. 8vo, pp. x and 403. Wood's Library of Standard Medical Authors. New York: William Wood & Co.

This work, edited and in part written by one of our most scholarly pathologists, with the assistance of four of our best known epidemiologists, is the most conspicuous unfolding of the cholera question in our language.

The book is divided into seven parts and forty-four chapters.

Part I, a history of Asiatic cholera, is the work of Drs. Peters and McClellan. The former traces the disease in a general way from the earliest records of its appearance in Europe, down to the epidemic of Spain, Italy, and France, in 1884; while the latter deals with its doings in the United States army and navy since the epidemic of 1832.

The chapters in this part of the work are very interesting reading indeed, and are so complete that the student will have little need to look elsewhere for data in this department of research.

Part II deals with the etiology of cholera. It is written by Dr. Wendt, and does full justice to all rational theories of the cause of the disease so far proposed. Here the doctrine of Koch, and the microbes of Emmerich and Koch, with all the essential points of the recent great cholera-bacillus controversy, are described and set forth with scientific justice.

Part III, The Symptomatology, Course, Duration, Mortality, Complications, and Sequelæ of Cholera;

Part IV, Morbid Anatomy and Pathological Histology of Cholera;

Part V, Diagnosis, Differential Diagnosis, and Prognosis of Cholera; the Methods of Bacterioscopy and the preparation of Pure Cultures; and Part VII, The Treatment of Cholera, are also by Dr. Wendt. These topics are all well, and some of them ably handled. The section devoted to bacterio-

scopy and pure cultures is most thoroughly developed, and would do good service as a manual for the student, should a visitation of cholera to our land give him the opportunity for practical research.

Part vi, The Prevention of Cholera, is divided into three sections. The first, on The Destruction of Cholera Germs, is by Dr. Sternberg. It contains the results of his recent admirable researches in this department of hygienic medicine. The second, on The Prevention and Spread of Cholera, is by Dr. Hamilton. This section deals with the questions of quarantine and municipal and personal prophylaxis. The case of coast quarantine is here clearly put, and its value demonstrated by conclusions drawn from the study of many epidemics. Section third, Cholera Hygiene as applied to Military Life, is written by Dr. McClellan. This is a brief but suggestive essay in the author's best style. The work is fit and timely, and the physician who has it in his possession at the time of an expected invasion of his section need scarcely look further for information relative to the disease.

A Case of Double Narcotic Addiction, Opium and Alcohol; Imbecility — Recovery. By J. B. Mattison, M. D., Brooklyn, N. Y. Reprint.

The Prevention of Opium Addiction, with Special Reference to the Value of Galvanism for Relief of Neuralgic Pain. By J. B. Mattison, M. D., Brooklyn, N. Y. Read before the Kings County Medical Society, February 17, 1885. Reprint.

These two pamphlets contain hints and facts of value to any physician who may have opium habitués under treatment. Dr. Mattison has been signally successful in the management of such cases, and by virtue of long study and large experience is entitled to rank as an authority in this department of medicine. Copies of these pamphlets may be had on addressing the author.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, M. D., LL. D., Professor of Pathology, Practice of Medicine and Clinical Medicine in the College of Medicine and Surgery in the University of Michigan, author of a work on the Science and Practice of Medicine. 12mo, pp. 224. Price \$1.00. (Sent by mail, postage paid, to any address in the United States or Canada, on receipt of price.) Ann Arbor, Mich.: Register Publishing House. 1885.

## Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Hallopeau, *agrégé* of the Faculty of Medicine of Paris, in a work lately published by him on general pathology, gives a very interesting note on infectious agents, upon which I shall comment, but with reference only to the principal points of the subject. The author classifies infectious agents into three principal groups: miasmata, contagia, and miasmatic contagia.

According to Dr. Bernheim, an infectious substance is termed a miasm when it has the property of multiplying itself in the interior of a medium, contagium when it multiplies itself in the organism, and miasmatic contagium when it multiplies itself in the organism and outside of it. Miasmata, properly so called, always come from the exterior, the more frequently from the soil, and are not transmitted from one subject to another. The contagia come nearly always if not always from an organism infected. The author, however, makes some reserve respecting rabies and morve, as they seem to be developed under the influence of conditions undetermined in animals not contaminated.

The miasmatic contagia may arise either from the soil, or from an infected subject; but it would appear, at least in a great number of cases, that in this condition the transmission can not be effected directly from one individual to another, and that the infected subject can not act on a new organism except on the condition of its being subjected, in an exterior medium, to a new elaboration, or to being absorbed by a subject placed in a condition of receptivity by a miasmatic influence. This would appear to be particularly the case with typhoid fever and cholera.

As cholera is occupying the public mind, I shall give an extract of Dr. Hallopeau's article on the subject.

It is known that cholera is endemic in India, and that it is frequently transported to other countries by travelers, particularly by pilgrims; it is, therefore, transmissible by man. But whether the transmission is effected directly or only through media is mooted, in other words, is the malady contagious or infectious? The question has not yet been completely resolved, but its importance is only relative, as infection thus understood differs but little from contagion;



it indicates only that the deleterious agent emanating from an individual affected must have been subjected to a certain modification before infecting another subject. The example that may be cited in favor of infection, is the singular immunity that certain localities in the neighborhood of great epidemic centers present.

The presence in the air or in the water of a country of products emanating from a cholera patient is not sufficient to produce an epidemic, other atmospheric or undetermined telluric circumstances are required. The greater part of French and Continental physicians side with the now classical doctrine of the importation of epidemic cholera. Pettenkofer, for cholera and typhoid fever, attaches great importance to the constitution of the soil and to the state of the sheets of water underground. According to this author the infectious agent is developed particularly when the sheet of water is lowered. This theory is not in accord with facts, for epidemics have been known to break out at all times and at all seasons. Dr. Hallopeau is of opinion that contagium is transmitted particularly by individuals: "The disease never penetrates into islands where quarantine is strictly carried out, it would appear to propagate itself by the air, and by drinking-water infected with choleraic dejections; a great number of subjects have been known to have been affected in the same house." Dr. Hallopeau then referred to the observations of Koch and of the French cholera mission to Egypt, and to the discrepancy that exists between the one and the other as to the rôle of the comma-bacillus found in the intestines of cholera patients. It will be remembered that the French mission questioned the relation as cause and effect between this microbe and cholera on the grounds that if there was any it ought to be found at the autopsies of all cholera patients, and this is just what has not been the case. Dr. Strauss, chief of the mission, and his coadjutors are inclined to believe that the blood is the seat of the pathogenic agent, and consequently further researches should be made in that direction; but what would militate against this hypothesis is the fact of the predominance of digestive troubles which constantly open the scene in cholera, and, taking into consideration the other concomitant symptoms, the hypothesis would be in favor of a malady primarily affecting the stomach and intestines in which the microbes are localized.

Great efforts are made to discover a substitute for quinine, the high price of which, being still maintained, is a great bar to its being more generally employed. According to the *Revue de Therapeutique*, an extract prepared from lilac flowers cures fevers of the intermittent type as surely as the sulphate of quinine. If this assertion could be verified by other experimenters they would confer a great boon on suffering humanity.

Dr. Rousseau, of Point l'Abbé, indicates the following means for preserving the ergot of rye, which is so frequently destroyed by worms: Pour ten to fifteen grams of chloroform liniment (for it is not necessary that the chloroform should be pure) into a bottle containing the ergot of rye. The worms will never develop in this, and if there are already any in the bottle, as is more frequently the case, they are destroyed. The chloroform does not in any way affect the ergot of rye, and there will be scarcely any trace of the chloroform left when the ergot is to be pulverized.

In a note by Dr. Regnault, communicated to the Société de Biologie of Paris, he stated that chloroform submitted to the solar light during the temperature of the month of July gives the first indication of decomposition two days after; in December, after five days. In contact with the air, but removed from the influence of solar radiation, chloroform is preserved pure for more than fifteen months. Exposed to diffused solar light, chloroform remains pure, on the condition of being in contact with an azotized atmosphere completely deprived of oxygen. Chloral does not, therefore, play any part in the destruction of the chloroformic molecules; contrary to the opinion of M. Personne, the sun and the air are sufficient. As it is practically impossible to prevent the action of the sun and of the air, Dr. Regnault made researches with the view of ascertaining what bodies would be susceptible, mixed with chloroform, of preventing its alteration, and he found that all the alcohols, ethylic alcohol, amyllic, acetylic, prevent, though at different degrees, the chloroformic alteration. Dr. Regnault then gives the means for testing the purity of chloroform: (1) Shake the chloroform with water. The mixture should not become troubled, and ought to be divided into two layers equally translucent, the chloroform at the bottom in the form of an oily liquid and the water above. If the water become milky, this would be an indication of the presence of

alcohol. (2) If treated with sulphuric acid, the acid should remain colorless; if it be otherwise there would be organic, foreign bodies in the chloroform. (3) A solution of nitrate of silver ought not to give any precipitate. This is the only means of ascertaining that there is no hydrochloric acid mixed with the chloroform.

PARIS, August 28, 1885.

## Societies.

### LOUISVILLE MEDICAL SOCIETY.

Stated Meeting August 27th. The President, Dr. J. M. Clemens, in the chair.

Dr. Anna F. Lawrence read a paper on recurrent diphtheria. (See page 162.)

In the discussion Dr. Palmer said the question of latency of zymotic diseases was a very troublesome one. He at present had a case of typhoid fever, which he believed had been latent since last November. It was of practical importance to know how soon we could say the patient was out of danger. He said the period of latency varied greatly, as may be seen in syphilis. He thought we needed more statistics on the subject.

Dr. Mathews said he did not meet many cases of diphtheria. He had heard a physician claim to have one hundred cases, but thought his diagnosis in keeping with his method of treatment, which was to cling to the old practice of cauterization. If, as in Dr. L.'s cases, the membrane be subjected to examination there would not occur so many errors of diagnosis.

Dr. Reynolds said in epidemics or endemics the period of latency seemed only a few days or hours. False membrane may form, including the epithelium and basement membrane, and yet not be diphtheritic. In the croupous condition the membrane is superficial, formed from without, but in diphtheria it is a necrotic change beginning within. He spoke briefly of the researches of Wood and Formad on this subject.

Dr. Cottell said it had been a question with him whether, when the disease occurred in a pregnant woman, it could be transmitted to the child in utero. He had had a case in the sixth or seventh month of pregnancy, afterward delivered of a healthy child. If the disease depend on a specific microbe may it not be transmitted from a mother to her unborn child? It has been

demonstrated that the bacillus tuberculosis may be so transmitted and lie latent for years.

Dr. Ray spoke of two cases of nasal diphtheria which he had under treatment, in both of which he had found complete casts of the nasal cavity. Dr. Ray also reported some cases of hay-fever treated by the method of cauterization of the sensitive areas.

Dr. Cottell said that in cases of treatment by this method, where there was apparent failure, it might be due to the overlooking of some of the affected areas, since these need not necessarily be confined to the nasal cavity. Their presence in any part of the respiratory tract would disturb the pneumogastric reflexes.

Dr. Lawrence spoke of the successful use of *Euphorbia pilulifera* for the asthmatic condition in cases of hay-fever.

Dr. Palmer reported some very interesting cases of aneurism of the aorta, and was requested to make them the subject-matter of a paper for the next meeting.

JULIA INGRAM, M. D., Secretary.

### MISS. VALLEY MEDICAL SOCIETY.

The eleventh annual meeting of the Mississippi Valley Medical Society, formerly Tri-State Medical Society, was called to order in Evans' Hall, Evansville, Indiana, at 3 o'clock, Tuesday, 8th inst., by Dr. A. M. Owens, chairman of the Committee of Arrangements, who introduced the President elect, Dr. F. W. Beard, of Vincennes. The latter, after a few remarks, opened the convention for business.

Dr. Owens, as chairman of Committee on Arrangements first made his report.

Reading of minutes of previous meeting was dispensed with.

The following committee on credentials was appointed: Dr. Charles Knapp, of Evansville, Dr. B. R. Helm, of Henderson, Ky., Dr. Edward Borck, of St. Louis, Missouri.

Dr. Wm. Porter, of St. Louis, read a letter from Dr. Morell Mackenzie, of London, England, expressing regrets that he was unable to be present, and congratulating the Society on the good it has accomplished.

Dr. J. H. Letcher, of Henderson, moved that the Secretary be instructed to express to Dr. Mackenzie the thanks of the association.

Dr. J. A. Sutcliff, of Indianapolis, read a paper on Stricture of the Urethra, which was referred to the Committee on Publication. Comments were made by Dr. W. A. Byrd, of Quincy, Ill., Dr. Lewis Bauer, of St. Louis, Mo., Dr. A. M. Owen, of Evansville, Ind., Dr. Arch Dixon, of Henderson, Ky., Dr. G. W. Burton, of Mitchell, Ind., Dr. Joseph Eastman, of Indianapolis, Ind., and Dr. A. C. Bernays, of St. Louis, Mo.

Dr. Geo. B. Walker, of Evansville, Ind., next read an interesting paper on Puerperal Fever and Puerperal Septicemia, which, on motion, was referred to the Committee on Publication. The paper was commented on by Dr. Munford, of Princeton, Ind., Dr. Eastman, of Indianapolis, Ind., Dr. Arch Dixon, of Henderson, Ky., Dr. Lewis Bauer, of St. Louis, Mo., and Dr. James H. Letcher, of Henderson, Ky.

The next paper was read by Dr. E. S. McKee, of Cincinnati, Ohio, on Intra-cranial Cephalematoma; this was referred to the Committee on Publication.

One of the most interesting papers of the session was read by Dr. Lewis Bauer, of St. Louis, Mo., on the Cocaine Habit. Remarks were made on the subject by Dr. James H. Letcher, of Henderson, Ky., after which the paper was referred to the Committee on Publication.

After this, Dr. James H. Letcher, of Henderson, read a paper on the Catgut Ligature, which was well received and referred to the regular committee. Remarks on the subject were made by Dr. Mumford, of Princeton, Ind., Dr. Joseph Eastman, of Indianapolis, and Dr. A. C. Bernays, of St. Louis.

The next paper was read by Dr. J. C. Pearson, of Mitchell, Ind., on Pathological Changes in Dysentery, which was, like all others, referred to the Committee on Publications. Remarks followed on the subject by Dr. Lewis Bauer, of St. Louis, Dr. James H. Letcher, of Henderson, Dr. Joseph Eastman, of Indianapolis, Dr. A. C. Bernays, of St. Louis, Dr. F. W. Beard, of Vincennes. Adjourned to meet at 8 o'clock.

#### EVENING SESSION.

The evening session was called to order at 8.20 o'clock by Dr. Edward Borck, of St. Louis.

President Beard then took the floor and spoke on the "History of the Tri-State Society and Progress of the Medical Profession in this Locality."

Remarks on this subject were then made

by Dr. Wm. Porter, of St. Louis, Dr. James H. Letcher, of Henderson, Dr. Joseph Eastman, of Indianapolis, and Dr. G. W. Burton, of Mitchell, Ind.

On motion the chair appointed a committee, consisting of Drs. Porter, Letcher, Bauer, Eastman, Owen, McKee, Burton and Beard, to take some action for the interest and usefulness of the Society.

Dr. A. C. Bernays, of St. Louis, followed with a paper entitled "Cholo-Cystotomy." The paper was received by the Society and referred back to the author, who will furnish illustrations for its publication.

This paper was discussed by Drs. Beard and Bauer.

On motion, the convention adjourned till Wednesday morning at 9 o'clock.

D. T. Q.

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### New Remedies.

Conducted by Simon Flexner, Ph. G.

**OLEATE MANGANESE.**—A formula for the preparation of this substance by precipitating a solution of castile soap with a solution of sulphate of manganese is given in the American Journal of Pharmacy for August. The oleate is recommended as an efficient substitute for the permanganate of potash and black oxide of manganese in amenorrhea, etc. It is an external remedy, and should be used in the form of a 20-per-cent ointment.

**NEUTRAL SALICYLATE OF ATROPINE.**—This salt is said to be more valuable than the suphate, and is therefore recommended as a substitute. Its preparation is not difficult, but it is important to be certain that it is perfectly neutral. It forms, when dried, a hygroscopic powder; but in solution it readily spoils, owing to the formation of some species of algæ. This fact renders the only immediately perceptible advantage it possesses over the sulphate nil.

**TROCHES OF HEMOGLOBIN.**—Benczur (*Dtsch. Med. Jour.*) reports upon the hemoglobin treatment as carried on in Von Ziemssen's clinic. Troches were prepared from ox-blood. The daily amount of hemoglobin given was twenty-five grains. Not only was there a marked improvement in the cases of anemia thus treated, but no gastric disturbance was observed, such as follows the administration of large doses of

iron. (New York Medical Journal.) An artificial approach to this compound is the albuminate of iron. This compound can be had in powder or solution, is very easy of administration, and its particular advantages lie in the ease with which it is tolerated and appropriated.

COMPOUND IODOFORM POWDER.—Dr. L. Championnière, of a French surgical society, recommended the following as an antiseptic dressing: Equal parts of powdered iodoform, cinchona, benzoin, and carbonate of magnesium, the latter having previously been saturated with oil eucalyptus.—*American Druggist*.

### Selections.

GALVANO-PUNCTURE IN A CASE OF ANEURISM.—In the *Rivista Internat.* Dr. Brancaccio relates a case of aneurism of the ascending aorta very much relieved by galvano-puncture. There was no previous history of any value except that of alcoholism. The tumor projected about an inch in the infra-clavicular region, and was bounded above by the upper border of the second rib, to the left by the mammary line, to the right by the sternum, while below it merged into the cardiac dullness. The heart was healthy; the radial pulse, small and occasionally intermittent, was synchronous with the beat of the heart. Severe pain in the chest, cough, and dyspnea were present. Daniell's battery, consisting of fifteen elements, was employed. Two strong steel needles were plunged 3 cm. deep, 4 cm. from each other, in the third intercostal space. The left needle was connected with the positive pole, the right with the negative. The operation lasted sixteen minutes. Dr. B. saw the patient ten hours after; the pain had then disappeared, respiration was normal, the swelling diminished, the pulse from 118 had fallen to 90; altogether he was stronger and better. The second operation took place twenty days later, the number of elements being increased to twenty. Severe pain, rigors, pyrexia followed, but soon passed away. The operator thought fit, however, to lessen the number of elements to fifteen at the third and fourth operations. Eight weeks after the last operation the patient left the hospital at his own desire. His general condition was much improved. The cardiac pain

had disappeared, the tumor was smaller by at least an inch, the cardiac impulse was more powerful, the pulse more regular, fuller, and stronger. The author recommends galvano-puncture for small aneurisms which have not extensive communication with the artery. The case proves, at the same time, that the situation of an aneurism just above the aortic valves is no contra-indication to the use of galvano-puncture, as several authors have stated, thinking that the difficulties of clot formation in that situation were insuperable.

### THE REFRACTION OF THE HUMAN EYE.—

Dr. B. Alex. Randall, of Philadelphia, presents in the July issue of the *American Journal of the Medical Sciences* a critical study of the statistics which have thus far been obtained by examinations of the refraction, especially among school children. The results of his investigation seem to fully uphold the following conclusions:

1. Myopia is almost unknown in infancy and very infrequent before the beginning of school-life. In the earlier school years its percentage is still low, and it is only in advanced classes, especially of the German schools, that it ever attains to a preponderance. It has been found in not more than  $39=2.54$  per cent of 1534 eyes of infants, in not more than  $28=7.86$  per cent of 356 eyes of children under the school age, and in only  $1582=6.79$  per cent of 23,315 eyes of children examined during the first three school years—figures which more accurate methods might have made lower. Among 3052 eyes of young men, upon whom the school influence had not been excessive, it was found in  $347=11.4$  per cent, a percentage which probably oversteps the maximum which it is likely to attain outside of the schools.

2. Hypermetropia is the enormously preponderating condition in infancy and early childhood, and the first years of school-life witness little reduction in its proportion. Outside of the schools it remains by far the most frequent refraction throughout life, and in the schools it is decreased by the change of the myopic refraction in a degree apparently varying according to the circumstances calling into existence that defect. It was found in  $1400=91.26$  per cent of the 1534 eyes of infants examined, in  $291=81.75$  per cent of the 356 eyes of young children, and in  $2564=76$  per cent of the 3358 eyes of children in the elementary school years, among whom it was sought



with adequate care. So also, in the higher schools, it constituted at least 56 per cent of the whole number of eyes studied by competent methods, being found in 5587 of the 9965 examined.

3. Astigmatism has been rarely sought with care, and the data with regard to its frequency are not sufficiently wide to justify definite conclusions. The findings of the studies where it has been well looked for, concur with the clinical work in indicating a measurable degree of astigmatism (0.5 D. or more) in the majority of ametropic eyes.

4. Emmetropia in a mathematically strict sense has probably no existence. Approximating emmetropia ( $Am. < \pm 0.5$ ) is infrequent in all ages, probably at no epoch exceeding 10 per cent. Its apparent proportion is swollen by the array of eyes "*not proven*" ametropic, and we have but few studies where the accommodation has been with certainty set aside and its existence fairly well shown. Cohn, among 299 atropinized eyes, proved in no single instance its presence. Under hemotropine Hansen found in it but 16 of 1610 eyes, and Durr in 30 of 414 eyes; it constituted at most 60=2.6 per cent of these 2323 eyes. Among the infants and young children 136=7.36 per cent of the 1834 examined under atropine may have been emmetropic; and Roosa's brief study indicates that it is probably as rare in adult life, even when perfect function apparently proves its presence.

5. The question of what is the *normal refraction* of the human eye is still an open one, and further material on the subject and closer data in hand will be necessary before drawing conclusions as to it. Much light will be thrown upon the question by studies like Risley's of the relations of normal vision, intraocular health, and functional comfort, to the refraction. For the present the conclusion of this author, whose work stands almost alone, may be accepted. "The emmetropic is the model or standard eye—since emmetropia is shown not only to remain nearly constant in percentage throughout the school life, but that it is also the condition of health, and withal enjoys the highest acuity of vision and the greatest freedom from pain. Yet hypermetropia is the prevailing—almost the exclusive—condition of the refraction among most animals, among children, among uncivilized people, and among all eyes uninjured by the educational process.

THE INFLUENCE OF OVARIOTOMY ON SURGERY.—In an interesting paper on the influence of Ovariectomy on Surgery, read before the Massachusetts Medical Society (Boston Medical and Surgical Journal), Dr. John Homans, of Boston, said:

Twenty-five or thirty years ago, the interior of the abdominal cavity, except to an occasional ovariectomist, or to a performer of cesarean section, was a *terra incognita*, and not only unknown, but feared and dreaded. The occasional, I had almost said every day occurrence of stabs in the abdomen, letting out the intestines and followed by recovery, taught surgeons nothing in regard to the harmlessness of simple incisions of the peritoneum, and each case was treated with dread, and the rapid convalescence was recorded with wonder and reported as extraordinary. Still more severe injuries, caused by stakes or pitchforks penetrating the abdomen, only served to cause the instruments of these wounds to be preserved in museums, and the patients to be exhibited as surgical curiosities. No one saw and acted on the evident truth that a simple incised wound of the abdominal parietes was almost innocuous. This dread of the peritoneum was caused partly by the experience of surgeons in herniotomy delayed too long, or by seeing peritonitis and death follow a wound of the peritoneum made in a vaginal surgical operation; and by the experience of the physicians in autopsies following septic peritonitis after childbirth, in which the intestines were found of a deep purple color and glued together by lymph and pus. All these experiences made the surgeon of twenty-five years ago fear to wound the peritoneum, and held him back from opening it voluntarily and exploring its cavity. To look back now on the long list of recorded cases of men who were found in the streets with incised wounds of the abdomen, and whose intestines, covered with dirt, were carefully washed and replaced within the belly and kept there by sewing the wounded walls together, and who almost invariably recovered, makes us wonder that some one did not see that, if this class of wounds was followed by recovery, how much more likely were wounds carefully made by a cleanly surgeon to unite and heal up!

I will not trace the history of ovariectomy from its first performance by McDowell, of Kentucky, in December, 1809, to the present time, but will enumerate some of the operations and triumphs of abdominal sur-

gery which have grown out of the familiarity with the peritoneum brought about by ovariectomy.

The first operation which followed the removal of ovarian tumors was a removal of fibroid tumors of the uterus. This operation is only to be done in exceptional instances, and its success will probably never equal that of ovariectomy; but the splendid results of Dr. Keith, of Edinburgh—thirty-five cures out of thirty-eight operations—show us what can be accomplished in the performance of this very formidable operation. When it was found that wounds of the intestine, made during an ovariectomy, often united when carefully sewn together, the natural inference was made that intentional wounds of the bowel could also be healed, and this inference was acted on and resection and suture of the intestine for the cure of fecal fistula was successfully done.

Two cases of artificial anus have been cured by this operation by Dr. Porter at the Massachusetts General Hospital within the last eighteen months. It seems very hard, even now, to believe that the intestines can be pulled out from the abdominal cavity, pared, sewed together and returned, and the abdominal wound completely closed at once, and a cure result. But I have myself seen it three times—and seeing is believing. Who does not remember some dreadful sufferer, with an intestinal fistula following a strangulated hernia, dragging on a miserable existence, avoiding and avoided, without control over his offensive fecal emanations, solid, liquid, or gaseous. Now, to-day, ovariectomy has made possible an operation by which this sufferer can be made completely well again.

Laparotomy is done for operations likely to be successful, often or seldom, for cases almost sure to recover, and in desperate cases as a last resort, a forlorn hope. By means of it the spleen has been removed, cancers of the stomach and intestines have been cut out, gallstones have been removed from the gall-bladder, foreign bodies from the stomach and bowels, calculi from the kidneys, and even cancerous and diseased kidneys have been excised. The pain and discomfort from floating kidneys has been relieved by sewing the kidney to the abdominal parietes and fixing it in place. All of these operations have been successful in numbers of instances. Perhaps one of the most remarkable instances of successful abdominal surgery is the recent case of Dr. Bull, of New York, who opened the abdo-

men in a case of pistol-shot wound, found seven perforations of the bowel, sewed the holes together and cured the patient completely. I saw Mr. Thornton last summer, in London, lay open the stomach and remove a mass of hair shaped like a sausage and nine inches long by two thick. After the removal of this mass, the wound in the stomach was very carefully and patiently sewed together, and the woman did not even vomit during her convalescence, which was uninterrupted. It may be interesting to say that the mass of hair was the accumulation of nearly twelve years, during which the woman swallowed what she had combed out each night and morning. Mr. Tait, of Birmingham, has shown that great suffering is caused by pus in the fallopian tubes, and has cured many cases by removal of the tubes. You would be surprised to see how large these tubes, distended with pus, sometimes become. I have seen them of the size of a cow's horn, twisted and convoluted. Removal of the ovaries for hysteria, for insanity, and for the cure of painful menstruation (Battey's operation) has also been done. The sphere of this last operation should be closely and carefully limited, but in certain cases it is a proper proceeding. Removal of the uterine appendages, to bring about atrophy of uterine growths, is very legitimate and promises well. Laparotomy has been done successfully and unsuccessfully in cases of intestinal obstruction. As the diagnosis of the causes of obstruction becomes more precise, so will its relief by surgery be more certain. Up to the present time the failures, I think, outnumber the successes. Laparotomy is also properly done to ascertain the character of growths within the abdomen when we are ignorant of their nature and uncertain whether we can remove them.

Simple laparotomy, properly done in a healthy subject, has no mortality, or perhaps a very small percentage, and is practically innocuous. *All of these advances in abdominal surgery, all of these triumphs and discoveries in an unknown region of the body, have been caused, brought about, and made possible by ovariectomy.*

NEW EXPERIMENTAL AND CLINICAL RESEARCHES UPON BRIGHT'S DISEASE.—Prof. Mariano Semmola deduces the following conclusions from the results of his latest experimental and clinical researches upon Bright's disease:

1. Albumen can traverse the renal tissue

without any previous alteration in the histological elements of the kidney, and without leaving any trace of its passage.

2. If the passage of albumen be persistent, the first effect is hyperemia with intraglomerular and intratubular hemorrhage, and the capsule is distended in a mass after boiling, and sometimes is simply raised and separated from the glomerulus by an empty space. There is also observed considerable migration of leucocytes without any alteration of the epithelium. The urine contains hyaline cylinders. These are the first results of an inflammatory action in relation with the functional activity of the kidney.

3. If the functional process persists beyond even eight or ten days, especially with the injection of albumen in the proportion of one gram for every thousand grams of the animal's weight, the invading process is attended by a mild inflammatory action, in addition to a turbid swelling of the epithelium of the tubules, fatty degeneration, and thickening of the intratubular connective tissue.

This proves that the functional activity, which the kidney must sustain in the gradual and prolonged elimination of unassimilable albumen, is apt to provoke successively in different parts of the organ an inflammatory process, which, commencing in simple hyperemia, may result finally in the establishment of interstitial nephritis. Prof. Semmola is convinced by repeating the experiments and injecting very minute quantities of albumen, in order to have the experiments well under control and preserve the life of the dog for seven or eight months, that they will result in producing the last phases of the large white kidney—that is to say, the atrophic kidney.

4. The histological alterations in the kidney persist for some time after the injection of the albumen without producing a continuation of the albuminuria.

5. Along with the elimination of albumen with the urine is also observed albuminoholia; that is to say, the elimination of a certain quantity of albumen with the bile.

In relation with the above experiments, Prof. Semmola proposes to continue his researches on the pathology of Bright's disease with the following experiments to determine:

1. The comparative influence upon renal elimination produced by the injection of albuminose, which is presumably more assimilable, such as serum of blood, albumino-peptones, white of egg, and milk.

2. The influence of albuminous injections upon the crisis of the blood, and upon the elimination of a quantity of albumen greater than that injected.

3. The influence of albumen injections upon degree of activity in the combustion of nitrogenous matters and upon the production of urea.

4. The influence of albuminose injections upon the dyscrasic condition of the blood, and their relations with the production of anasarca.—*La Medicina Contemporanea*.

INHALATIONS OF OXYGEN IN PUERPERAL ECLAMPSIA.—At a recent meeting of the medical section of the Kharkov Society of Experimental Sciences, Professor G. Lashkevitch, in the course of a communication on the therapeutic value of oxygen in neuropathology, pointed out that oxygen possesses a considerable power in lowering an increased reflex action, and made the suggestion that oxygen inhalations may prove of service in cases of puerperal eclampsia. Acting upon the suggestion of Professor Lashkevitch, Dr. V. G. Favr, of Kharkov (*Vratch*, No. 13, 1885), resorted to oxygen in two cases, and obtained brilliant results. The first of the cases was that of a seamstress, primipara, aged nineteen, who was brought to the hospital in an unconscious state, with cyanosis, stertorous breathing, and frequent eclamptic seizures, each of the latter being preceded by a uterine contraction. Warm baths, wet packings, and enemata with chloral-hydrate brought no relief; chloroform-inhalations only slightly controlled the intensity of the convulsive paroxysms. In view of the failure of all these means oxygen was tried. In five from the beginning of the inhalations the patient asked for water, and then fell into a quiet sleep of two hours duration, the pulse descending from 120 to 90 per minute; uterine contractions ceased to be a starting point for convulsion fits. The latter reappeared each time when the inhalations had been stopped, and again gave place to sleep and quiet on resuming the administration of oxygen. The delivery was accomplished with the help of Barnes' dilators and of punctures of the membranes. The patient left the hospital on the nineteenth day after the labor, her general health and the state of the kidneys being greatly improved under an appropriate treatment. A second patient, primipara, aged eighteen, was attacked with eclampsia about an hour and a half after the labor. Two severe paroxysms

(each of twelve minutes duration, separated by a free interval of twenty minutes, during which the patient remained unconscious) had occurred before oxygen inhalations could be resorted to. Consciousness returned immediately. Four more paroxysms occurred, but they were considerably milder, and separated by the intervals of absolute comfort; indeed, the patient took her tea and dinner between the eclamptic fits. She made a rapid recovery. Encouraged by his success, Dr. Favre enthusiastically invites all professional brethren to give a trial to so simple a weapon against so formidable a foe, and even goes so far as to ardently hope that in a near future oxygen-gasometers will be found in all lying-in hospitals, side by side with forceps, cranioclasts, cephalotribes, and other necessary instruments.—*London Medical Record.*

**DEVIATION OF THE NASAL SEPTUM**—Although the introduction of the laryngoscope nearly thirty years ago rapidly developed a new area in the diagnosis and treatment of diseases of the larynx, it is a much shorter time since greater attention has been paid by specialists to affections of the nose and its adjacent parts. In the July number of the American Journal of the Medical Sciences, Dr. J. W. Gleitsmann, of New York, in an instructive paper on deviation of the nasal septum, points out the different important functions performed by the nose in the human economy, and the results of interference with these functions. The upper part of the nasal cavity, the olfactory region, presides over the sense of smell, while the lower one, the respiration, is the normal way for the air during the act of respiration. Interference with this natural channel leads to mouth-breathing with its manifold subsequent evils. When the air passes through the nose it is not only cleansed and moistened but it also reaches the lungs much warmer than when breathing is going on by the mouth. Nasal respiration with closed lips further exerts a negative pressure of two to four milligrams of mercury in the oral cavity, by which the tongue is drawn to the hard palate, and the muscular action, maintaining the position of the lower maxilla, greatly assisted. The nose also acts the part of a resonant chamber for the human voice, and nasal obstruction imparts to it the so-called dead character described in Meyer's paper on adenoid vegetations. Finally, it is due to the anatomical relations of the nose to the eye and

ear that cases of catarrhal conjunctivitis, lachrymal fistula, frequently only heal when co-existing nasal affections are relieved, and that the latter are, in an overwhelming number of instances, productive of aural disease often of the severest kind. Aside from the symptoms of nasal stenosis in a greater or less degree, deviations of the septum, Dr. Gleitsmann points out, are apt to cause disfigurement of the face, and also have some relation to the bony structures of the head, which he fully explains. The pathology, etiological symptomatology, and the treatment of the deviations is fully discussed.

It is stated that the professorship at South Kensington, vacant by Prof. Huxley's retirement, will not be filled up, and that, instead of it, two lectureships of £300 a year each will be created.

THE number of students in the Free University of Amsterdam is fifty, of whom thirty-nine belong to the Faculty of Theology.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from August 30, 1885, to September 5, 1885:

*Mcgruder, D. L.*, Lieutenant-Colonel and Surgeon, granted leave of absence for fifteen days. (S. O. 201, A. G. O., September 3, 1885.) *Middleton, Passmore*, Major and Surgeon, assigned to duty as Attending Surgeon at these headquarters, vice Major J. V. D. Middleton, Surgeon, hereby relieved. (S. O. 131, Dep't of the Missouri, August 28, 1885.) *Girard, Alfred C.*, Captain and Assistant Surgeon, assigned to duty as Post Surgeon at Boise Barracks, Idaho Territory. (S. O. 142, Dep't of the Columbia, August 22, 1885.) *Davis, Wm. B.*, Captain and Assistant Surgeon, having reported for orders from leave of absence, assigned to duty at Fort Porter, N. Y., as Post Surgeon. (S. O., 183, Dep't of the East, August 28, 1885.) *Kane, John J.*, Captain and Assistant Surgeon, upon expiration of his present leave of absence, to be relieved from duty at Willet's Point, N. Y. H., and to report to commanding general Dep't of Texas for assignment to duty. (S. O. 201, A. G. O., September 3, 1885.) *Banister, John M.*, Captain and Assistant Surgeon, assigned to temporary duty at Camp of Competitors at Creedmoor, N. Y., arriving not later than September 4, 1885. (S. O. 58, Div. of the Atlantic, August 31, 1885.) *Richard, Charles*, Captain and Assistant Surgeon, to be relieved from duty in Dep't of the East and to report to the commanding officer, Willet's Point, N. Y., for duty at that station. (S. O. 201, C. S., A. G. O.) *Kendall, Wm. P.*, First Lieutenant and Assistant Surgeon (recently appointed), to report in person to the commanding general Dep't of California for assignment to duty. (S. O. 201, A. G. O., September 3, 1885.)